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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 02-01-2009 and ending 01-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE MARK TWAIN MEMORIAL

Doing Business As
MARK TWAIN HOUSE & MUSEUM

Number and street (or P O box if mail is not delivered to street address) | Room/suite
351 FARMINGTON AVENUE

City or town, state or country, and ZIP + 4
HARTFORD, CT 06105

D Employer identification number
06-0685118

E Telephone number
(860) 247-0998

G Gross receipts $ 2,450,778

F Name and address of principal officer
JEFFREY L NICHOLS
351 FARMINGTON AVENUE
HARTFORD, CT 06105

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MARKTWAINHOUSE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1929 | **M** State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE PUBLIC ACCESS TO HISTORIC PROPERTIES, COLLECTIONS AND BOOKS FOR EDUCATIONAL PURPOSES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of employees (Part V, line 2a)	5	65
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	1,917,168	1,251,310
9	Program service revenue (Part VIII, line 2g)	612,919	580,581
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,628	25,008
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	292,351	106,495
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,840,066	1,963,394
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,201,034	1,113,004
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶92,248		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,962,846	1,669,571
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,163,880	2,782,575
19	Revenue less expenses Subtract line 18 from line 12	-323,814	-819,181

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	19,204,963	18,122,093
21	Total liabilities (Part X, line 26)	5,152,871	4,954,759
22	Net assets or fund balances Subtract line 21 from line 20	14,052,092	13,167,334

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-12-13
Signature of officer | Date

JEFFREY L NICHOLS EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Francis K Brown II	Date 2010-12-13	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CCR LLP 124 Hebron Avenue Glastonbury, CT 06033			EIN ▶ Phone no ▶ (860) 781-6700

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO FOSTER AN APPRECIATION FOR THE LEGACY OF MARK TWAIN AS ONE OF OUR NATION'S DEFINING CULTURAL FIGURES, AND TO DEMONSTRATE THE CONTINUING RELEVANCE OF HIS WORK, LIFE AND TIMES IN FURTHERANCE OF THIS MISSION, THE INSTITUTION'S COLLECTIONS POLICY PROVIDES THAT THE BOARD OF TRUSTEES IS ENTRUSTED TO MAINTAIN, PROTECT AND RESTORE THE SAMUEL CLEMENS/MARK TWAIN RESIDENCE AS A HISTORIC HOUSE AND MUSEUM AND TO ACQUIRE AND MANAGE A COLLECTION TO SERVE AS TANGIBLE WITNESS TO THE LIFE, LEGACY AND TASTE OF SAMUEL CLEMENS, HIS FAMILY AND HIS CONTEMPORARIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,328,729 including grants of $) (Revenue $ 29,783)

EDUCATION PROGRAMS THE MEMORIAL PROVIDES A NUMBER OF EDUCATIONAL PROGRAMS FOR STUDENTS, TEACHERS AND THE GENERAL PUBLIC THESE INCLUDE INTERPRETIVE TOURS OF THE HISTORIC MARK TWAIN HOUSE, INFORMATIONAL PRESENTATIONS, WRITING WORKSHOPS, LECTURES, CULTURAL PERFORMANCES, FAMILY PROGRAMS, SPECIAL TOURS AND AGE-APPROPRIATE LEARNING ACTIVITIES FOR STUDENTS, AND WORKSHOPS FOR TEACHERS ALL OF THESE PROGRAMS EXAMINE THE LIFE, WORK AND/OR ERA OF MARK TWAIN, OR EXPLORE THEMES ADDRESSED IN HIS WORK

4b (Code) (Expenses $ 1,202,559 including grants of $) (Revenue $ 550,798)

MUSEUM THE MEMORIAL'S CAMPUS INCLUDES A MUSEUM CENTER THAT FEATURES EXHIBITION GALLERIES, AN AUDITORIUM, CLASSROOMS AND A FILM THEATER VISITORS TO THE MUSEUM CENTER CAN EXPERIENCE A PERMANENT EXHIBITION ABOUT MARK TWAIN'S LIFE AND ERA, VIEW SPECIAL EXHIBITIONS OF HISTORIC AND ARTISTIC ARTIFACTS FROM THE COLLECTIONS OF THE MEMORIAL AND OTHER INSTITUTIONS, WATCH A BIOGRAPHICAL FILM ABOUT MARK TWAIN, AND PARTICIPATE IN VARIOUS EDUCATIONAL AND CULTURAL PROGRAMS

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,531,288

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	46		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	65		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 31		
b	Enter the number of voting members that are independent . .	1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5	Yes	
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JEFFREY NICHOLS
351 FARMINGTON AVE
HARTFORD, CT 06105
(860) 247-0998

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total ▶	214,559	0	33,819

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	34,877			
	c	Fundraising events	1c	50,220			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,166,213			
	g	Noncash contributions included in lines 1a-1f $ 33,121					
	h	**Total.** Add lines 1a-1f		1,251,310			
Program Service Revenue			Business Code				
	2a	ADMISSIONS	711,300	550,798	550,798		
	b	TICKET SALES	711,300	29,783	29,783		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		580,581			
	3	Investment income (including dividends, interest and other similar amounts)		25,008			25,008
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		2,076			2,076
			(i) Real	(ii) Personal			
	6a	Gross Rents	44,292				
	b	Less rental expenses	96,673				
	c	Rental income or (loss)	-52,381				
	d	Net rental income or (loss)		-52,381	-52,381		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 50,220 of contributions reported on line 1c) See Part IV, line 18	a 122,320				
	b	Less direct expenses	b 81,120				
	c	Net income or (loss) from fundraising events		41,200			41,200
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 363,018				
	b	Less cost of goods sold	b 309,591				
	c	Net income or (loss) from sales of inventory		53,427	53,427		
		Miscellaneous Revenue	Business Code				
	11a	FORGIVENESS OF DEBT	900,099	50,000	50,000		
	b	MISCELLANEOUS	900,099	12,173	12,173		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		62,173			
	12	**Total revenue.** See Instructions		1,963,394	643,800	0	68,284

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	202,624	178,599	17,194	6,831
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	724,781	632,558	43,506	48,717
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	97,673	77,438	10,515	9,720
10 Payroll taxes	87,926	77,779	5,273	4,874
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	36,162	36,162		
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	11,259		11,259	
g Other	43,567	20,068	12,211	11,288
12 Advertising and promotion				
13 Office expenses	59,803	49,541	5,333	4,929
14 Information technology	15,331	11,852	1,825	1,654
15 Royalties				
16 Occupancy	178,594	153,591	25,003	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	891,212	891,212		
23 Insurance	68,055	58,528	9,527	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROGRAM ACTIVITIES	157,798	157,798		
b PUBLIC RELATIONS	86,813	86,813		
c SUPPLIES AND MAINTENANC	60,416	50,329	10,087	
d OTHER	34,340	28,128	3,413	2,799
e DEVELOPMENT AND MEMBERS	13,887	11,504	1,238	1,145
f All other expenses	12,334	9,388	2,655	291
25 **Total functional expenses.** Add lines 1 through 24f	2,782,575	2,531,288	159,039	92,248
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	137,820
	2	Savings and temporary cash investments		589,679	2	
	3	Pledges and grants receivable, net		1,100,718	3	1,161,555
	4	Accounts receivable, net		8,180	4	25,480
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		156,084	8	120,469
	9	Prepaid expenses and deferred charges		35,990	9	44,481
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 22,398,257			
	b	Less accumulated depreciation	10b 6,998,955	16,269,632	10c	15,399,302
	11	Investments—publicly traded securities		1,033,994	11	1,019,773
	12	Investments—other securities See Part IV, line 11			12	213,213
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,686	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		19,204,963	16	18,122,093
Liabilities	17	Accounts payable and accrued expenses		278,420	17	215,409
	18	Grants payable			18	
	19	Deferred revenue			19	11,115
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,874,451	23	4,724,451
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0	25	3,784
	26	**Total liabilities.** Add lines 17 through 25		5,152,871	26	4,954,759
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		12,149,092	27	11,474,916
	28	Temporarily restricted net assets		570,731	28	360,149
	29	Permanently restricted net assets		1,332,269	29	1,332,269
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		14,052,092	33	13,167,334
	34	Total liabilities and net assets/fund balances		19,204,963	34	18,122,093

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE MARK TWAIN MEMORIAL

Employer identification number
06-0685118

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,644,274	4,966,775	1,138,771	1,917,168	1,251,310	11,918,298
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,644,274	4,966,775	1,138,771	1,917,168	1,251,310	11,918,298
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						273,178
6 **Public Support.** Subtract line 5 from line 4						11,645,120

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,644,274	62,357	1,138,771	1,917,168	1,251,310	11,918,298
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	114,580	62,357	38,118	103,652	71,376	390,083
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					62,173	62,173
11 **Total support** (Add lines 7 through 10)						12,370,554

12	Gross receipts from related activities, etc (See instructions)	12	5,779,918

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	94 140 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96 900 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income forgiveness of debt miscellaneous

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
THE MARK TWAIN MEMORIAL

Employer identification number
06-0685118

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☑ Scholarly research
- c ☑ Preservation for future generations
- d ☑ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	1,903,000				
b	Contributions	360,149				
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs	570,731				
f	Administrative expenses					
g	End of year balance	1,692,418				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 78 720 %
- c Term endowment ▶ 21 280 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		165,000		165,000
b Buildings		22,035,687	6,818,221	15,217,466
c Leasehold improvements				
d Equipment		197,570	180,734	16,836
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,399,302

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEPOSITS	3,784
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,784

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,963,394
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,782,575
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-819,181
4	Net unrealized gains (losses) on investments	4	185,243
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-250,820
9	Total adjustments (net) Add lines 4 - 8	9	-65,577
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-884,758

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,710,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	185,243		
b	Donated services and use of facilities	2b	85,463		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	487,384		
e	Add lines **2a** through **2d**			2e	758,090
3	Subtract line **2e** from line **1**			3	1,952,135
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,259		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	11,259
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,963,394

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,594,983
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	85,463		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	738,204		
e	Add lines **2a** through **2d**			2e	823,667
3	Subtract line **2e** from line **1**			3	2,771,316
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,259		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	11,259
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,782,575

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part III, Line 1a		HISTORICAL COLLECTIONS, WHICH WERE ACQUIRED BY THE MEMORIAL BY BEQUESTS AND THROUGH PURCHASES SINCE INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CATEGORY THE MEMORIAL'S COLLECTIONS CONSIST OF PROPERTY, COLLECTIONS AND BOOKS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES EACH OF THE ITEMS ARE CATALOGUED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY
Part III, Line 4		THE COLLECTIONS FURTHER THE ORGANIZATION'S EXEMPT PURPOSE (AS DESCRIBED IN PART III, LINE 1) BY ENABLING THE RESIDENCE OF SAMUEL CLEMENS/MARK TWAIN TO BE MAINTAINED, PROTECTED AND RESTORED AS A HISTORIC HOUSE AND MUSEUM THE COLLECTIONS SERVE AS TANGIBLE WITNESS TO THE LIFE, LEGACY AND TASTE OF SAMUEL CLEMENS, HIS FAMILY, AND HIS CONTEMPORARIES THE COLLECTIONS COVERED BY THIS POLICY INCLUDE 1 SAMUEL CLEMENS/MARK TWAIN'S HARTFORD HOUSE, CARRIAGE HOUSE AND THE HISTORIC LANDSCAPE 2 ARCHIVAL COLLECTION, DEFINED AS DOCUMENTS IN ALL MEDIA THAT WERE MADE, RECEIVED OR ACCUMULATED BY THE CLEMENS FAMILY, THEIR FRIENDS AND ASSOCIATES, AND THE MARK TWAIN MEMORIAL AS AN INSTITUTION, INCLUDING BOOKS ORIGINALLY IN THE POSSESSION OF, AND/OR ANNOTATED BY, SAMUEL CLEMENS/MARK TWAIN, HIS FAMILY, FRIENDS AND ASSOCIATES, ORIGINAL MANUSCRIPT AND ARCHIVAL RECORDS, INCLUDING LETTERS AND PHOTOGRAPHS, THAT WERE WRITTEN BY, OWNED BY OR ANNOTATED BY SAMUEL CLEMENS/MARK TWAIN, MEMBERS OF HIS FAMILY, FRIENDS OR ASSOCIATES, ESPECIALLY IF THEY RELATE TO HIS RESIDENCE IN HARTFORD, IMAGES (INCLUDING ORIGINAL PHOTOGRAPHS, NEGATIVES AND FILMS) OF SAMUEL CLEMENS/MARK TWAIN, HIS FAMILY, FRIENDS AND ASSOCIATES AND HIS VARIOUS HOMES, ESPECIALLY THE HOUSE IN HARTFORD, DOCUMENTATION BEARING ON THE CONSTRUCTION, LANDSCAPING, FURNISHINGS, AND DECORATION OF THE MARK TWAIN HOUSE IN HARTFORD, OTHER MANUSCRIPT MATERIALS AND ARCHIVAL RECORDS THAT RELATE IN SUBJECT MATTER TO SAMUEL CLEMENS/MARK TWAIN, HIS FAMILY, FRIENDS AND ASSOCIATES OR THE MARK TWAIN HOUSE, MARK TWAIN MEMORIAL INSTITUTIONAL RECORDS, ESPECIALLY THOSE RELATED TO THE RESTORATION OF THE MARK TWAIN HOUSE, AND INTERPRETATIONS OF SAMUEL CLEMENS/MARK TWAIN'S IMAGE, WORK AND CHARACTERS IN ARCHIVAL DOCUMENTS AND POPULAR CULTURE MATERIAL 3 SPECIAL COLLECTIONS, DEFINED AS LIBRARY MATERIALS THAT ARE OF GREAT SIGNIFICANCE OR VALUE, INCLUDING WORKS BY SAMUEL CLEMENS/MARK TWAIN, ESPECIALLY EDITIONS OF HIS WRITINGS PUBLISHED DURING HIS LIFETIME, WORKS BY FAMILY, FRIENDS AND ASSOCIATES OF SAMUEL CLEMENS/MARK TWAIN, BIOGRAPHICAL AND CRITICAL WORKS ON SAMUEL CLEMENS/MARK TWAIN, HIS WRITING, FAMILY, FRIENDS AND ASSOCIATES, RARE AND DIFFICULT TO REPLACE BOOKS AND DOCUMENTS RELATING TO THE ARCHITECTURE INTERIOR DECORATION AND DOMESTIC LIFE OF THE PERIOD, AND INTERPRETATIONS OF SAMUEL CLEMENS/MARK TWAIN'S IMAGE, WORK AND CHARACTERS 4 COLLECTION OBJECTS INCLUDING DECORATIVE AND FINE ARTS AND DOMESTIC ARTIFACTS KNOWN TO HAVE BEEN IN THE POSSESSION OF SAMUEL CLEMENS/MARK TWAIN, DECORATIVE AND FINE ARTS AND DOMESTIC ARTIFACTS KNOWN TO HAVE BEEN IN THE POSSESSION OF CLEMENS' FAMILY AND FRIENDS AND ASSOCIATED WITH SAMUEL CLEMENS/MARK TWAIN OR HIS RESIDENCE, IN THE ABSENCE OF OBJECTS WITH A CLEMENS PROVENANCE, DECORATIVE AND FINE ARTS AND DOMESTIC ARTIFACTS OF THE PERIOD NECESSARY TO THE FURNISHING AND DECORATION OF THE RESIDENCE ACCORDING TO OUR FURNISHING PLAN, MATERIALS CREATED FOR THE RESTORATION OF THE HARTFORD HOUSE, CARRIAGE HOUSE, AND GROUNDS, MATERIAL ILLUSTRATING THE WORK AND STYLE OF THE ARCHITECTS AND DECORATORS OF THE CLEMENS FAMILY HARTFORD HOUSE, AND INTERPRETATIONS OF SAMUEL CLEMENS/MARK TWAIN'S IMAGE, WORK AND CHARACTERS IN DECORATIVE AND FINE ARTS AND POPULAR CULTURE MATERIAL
Part XI, Line 8 - Other Adjustments		EMPLOYEE MISCONDUCT RESULTING IN LOSS OF ASSETS ($250,820)
Part XII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUE ($81,120) RENTAL EXPENSES NETTED WITH RENTAL REVENUE ($96,673) COST OF SALES EXPENSES NETTED WITH SALES REVENUE ($309,591)
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSES NETTED WITH SPECIAL EVENTS REVENUE ($81,120) RENTAL EXPENSES NETTED WITH RENTAL REVENUE ($96,673) COST OF SALES EXPENSES NETTED WITH SALES REVENUE ($309,591) EMPLOYEE MISCONDUCT RESULTING IN LOSS OF ASSETS ($250,820)
		PART V, LINES 1A - 1G THE ENDOWMENT FUNDS LISTED INCLUDE BOTH PERMANENTLY RESTRICTED DONOR ENDOWMENTS AND DONATIONS THAT HAVE BEEN TEMPORARILY RESTRICTED FOR A PARTICULAR PURPOSE AT THE DONOR'S REQUEST THE EXPENDITURES FOR FACILITIES AND PROGRAMS LISTED ON LINE 1 E ARE EXPENDITURES OF TEMPORARILY RESTRICTED DONATIONS IN ACCORDANCE WITH THE DONOR'S REQUESTS

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE MARK TWAIN MEMORIAL

Employer identification number
06-0685118

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 BEER TASTING (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	147,268	11,161	14,111	172,540
	2 Less Charitable contributions	50,220			50,220
	3 Gross income (line 1 minus line 2)	97,048	11,161	14,111	122,320
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	24,115			24,115
	6 Rent/facility costs	469		80	549
	7 Food and beverages	27,023	4,864	7,509	39,396
	8 Entertainment	1,458	1,123	200	2,781
	9 Other direct expenses	11,455	505	2,319	14,279
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				81,120
	11 Net income summary Combine lines 3, column d, and line 10 ▶				41,200

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE MARK TWAIN MEMORIAL

Employer identification number
06-0685118

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	87	24,115	FAIR VALUE
26	Other ▶ (FOOD AND BEVERAGE ITEMS FOR SPECIAL EVENTS)	X	1	9,006	COST
27	Other ▶ ()				
28	Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE MARK TWAIN MEMORIAL

Employer identification number
06-0685118

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 5		THE MEMORIAL IDENTIFIED AN INCIDENT OF EMPLOYEE MISCONDUCT RESULTING IN FINANCIAL LOSSES IN THE AMOUNT OF $250,820 FOR THE YEAR ENDED JANUARY 31, 2010, RESULTING IN THE TERMINATION OF THIS EMPLOYEE THE TOTAL AMOUNT OF LOSS OVER THE YEARS OF THIS MISCONDUCT HAS NOT BEEN FULLY QUANTIFIED, HOWEVER, MANAGEMENT HAS IDENTIFIED AN AMOUNT TO DATE IN EXCESS OF THE MEMORIAL'S EMPLOYEE BOND INSURANCE COVERAGE THE MEMORIAL SUBMITTED AN APPROPRIATE PROOF OF LOSS CLAIM TO ITS CARRIER IN SEPTEMBER 2010 FOR THE POLICY LIMIT OF $500,000, AND ON OCTOBER 4, 2010, THE CARRIER TENDERED PAYMENT FOR THE POLICY LIMIT TO THE MEMORIAL MANAGEMENT CONTINUES TO REVIEW THE TOTAL EXTENT OF LOSSES ARISING FROM THIS EMPLOYEE MISCONDUCT AND IS CONSIDERING ANY AND ALL FURTHER LEGAL OPTIONS FOR RECOVERY OF AMOUNTS IN EXCESS OF THE INSURANCE RECOVERY MANAGEMENT ALSO HAS INSTITUTED ADDITIONAL FINANCIAL CONTROLS TO MITIGATE THE POTENTIAL FOR ANY SUCH LOSSES IN THE FUTURE AND HAS EXTENDED ITS BOND COVERAGE TO $1 MILLION FOR THOSE POSITIONS THAT HANDLE THE MEMORIAL'S FINANCES THESE LOSSES HAVE NO MATERIAL EFFECT ON CURRENT OPERATIONS
Form 990, Part VI, Section B, line 11		A COPY OF FORM 990 IS PRESENTED TO THE FULL BOARD OF TRUSTEES FOR RATIFICATION PRIOR TO FILING TRUSTEES NOT PRESENT AT THE MEETING ARE SENT A COPY THE FORM 990 IS REVIEWED IN DETAIL BY THE EXECUTIVE DIRECTOR, GRANTS MANAGER, AND THE FINANCE COMMITTEE, WHICH INCLUDES THE PRESIDENT OF THE BOARD OF DIRECTORS
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY BY REQUIRING ALL TRUSTEES TO ANNUALLY FILE DISCLOSURE STATEMENTS WITH THE PRESIDENT OF THE BOARD OF TRUSTEES OR WHENEVER SIGNIFICANT CHANGES OCCUR TRUSTEES ARE NOT ALLOWED TO VOTE ON OR APPROVE TRANSACTIONS BETWEEN THE MUSEUM AND THEMSELVES OR FAMILY MEMBERS AND ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT PRIOR TO VOTING ON OTHER ACTIONS
Form 990, Part VI, Section B, line 15		THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE COMMITTEE AFTER A FORMAL REVIEW PROCESS BY THE BOARD PRESIDENT KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR FOLLOWING A REVIEW THE BOARD OF TRUSTEES APPROVES ALL COMPENSATION THROUGH RATIFICATION OF THE ANNUAL BUDGET
Form 990, Part VI, Section C, line 19		ALL WRITTEN REQUESTS FOR FORMS 990 AND 990T ARE HONORED BY MAIL THE SAME IS TRUE FOR CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
GENERAL EXPLANATION		THE MARK TWAIN MEMORIAL SUBMITTED A SECOND EXTENSION REQUEST TO FILE FORM 990 ON SEPTEMBER 8, 2010 THIS EXTENSION REQUEST EXTENDS THE DUE DATE TO FILE FORM 990 TO DECEMBER 15, 2010

Additional Data

Software ID:
Software Version:
EIN: 06-0685118
Name: THE MARK TWAIN MEMORIAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD AHLES SECRETARY	1 00	X		X				0	0	0
THOMAS ANATHAN TRUSTEE	1 00	X						0	0	0
LOUISE BAILEY TRUSTEE	1 00	X						0	0	0
TIMOTHY BANNON TRUSTEE	1 00	X						0	0	0
GREGORY BOYKO TRUSTEE	1 00	X						0	0	0
GREGORY BUTLER TRUSTEE	1 00	X						0	0	0
EDWARD CARRIER TRUSTEE	1 00	X						0	0	0
JOCELYN CHADWICK TRUSTEE	1 00	X						0	0	0
DEDE DEROSA PRESIDENT	1 00	X		X				0	0	0
ANNE ELVGREN TRUSTEE	1 00	X						0	0	0
BRIAN FLAHERTY TRUSTEE	1 00	X						0	0	0
MARTY FLANDERS TRUSTEE	1 00	X						0	0	0
MICHAEL GRUNBERG TRUSTEE	1 00	X						0	0	0
J DAVID HADDOX TRUSTEE	1 00	X						0	0	0
JANET ARNHEITER TRUSTEE	1 00	X						0	0	0
GEORGE JAMISON VICE PRESIDENT	1 00	X		X				0	0	0
GRANT JONES TRUSTEE	1 00	X						0	0	0
ELSA NUNEZ truSTEE	1 00	X						0	0	0
FRANK LORD TRUSTEE	1 00	X						0	0	0
SHAUN MATHEWS VICE PRESIDENT	1 00	X		X				0	0	0
DUBY MCDOWELL TRUSTEE	1 00	X						0	0	0
KATHERINE METCALF TRUSTEE	1 00	X						0	0	0
DANA NEVES TRUSTEE	1 00	X						0	0	0
GEORGE SCURLOCK TRUSTEE	1 00	X						0	0	0
PEDRO SEGARRA TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY SERVODIDIO TRUSTEE	1 00	X						0	0	0
CATHRYN REYNOLDS TRUSTEE	1 00	X						0	0	0
NOREEN SHUGRUE TRUSTEE	1 00	X						0	0	0
JANEL SIMPSON TRUSTEE	1 00	X						0	0	0
ANDREW SULLIVAN TREASURER	1 00	X		X				0	0	0
KAREN WHEAT TRUSTEE	1 00	X						0	0	0
DONNA M GREGOR FINANCE DIRECTOR	40 00			X				89,494	0	16,812
JEFFREY L NICHOLS EXECUTIVE DIRECTOR	40 00			X				125,065	0	17,007

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROGRAM ACTIVITIES	157,798	157,798		
PUBLIC RELATIONS	86,813	86,813		
SUPPLIES AND MAINTENANC	60,416	50,329	10,087	
OTHER	34,340	28,128	3,413	2,799
DEVELOPMENT AND MEMBERS	13,887	11,504	1,238	1,145